

PROPOSED CHANGES NOT WITHIN SCOPE OF BOARD

- None Authority citation only – updates reference
- 30.1 Delegated duties under EO – updates reference
- 30.2(b) Delegated duties under EO – updates reference
- 30.5(c)(2)(i) Definitions – updates reference
- 30.5(i) Definitions – updates reference
- 30.5(j) Definitions – adds definition of “beryllium vendor facility”
- 30.5(k)(2) Definitions – clarifies reference to “physician”
- 30.5(w) Definitions – corrects name and adds reference to start date of Manhattan Engineer District
- 30.5(x)(2)(iii) Definitions – adds programmatic guidance to “DOE contractor employee”
- 30.5(ee) Definitions – clarifies definition of “physician”
- 30.5(ii) Definitions – clarifies definition of “time of injury”
- 30.5(jj) Definitions – adds new definition of “time of payment”
- 30.100(a) Claims filed by employees – requires employee to sign claim form
- 30.100(c) Claims filed by employees – updates carrier date marking
- 30.100(c)(1) Claims filed by employees – requires employee to update information on claim form
- 30.100(d) Claims filed by employees – updates carrier date marking
- 30.101(a) Claims filed by survivors – requires survivor to sign claim form
- 30.101(d) Claims filed by survivors – updates carrier date marking
- 30.101(d)(1) Claims filed by survivors – requires survivor to update information on claim form
- 30.101(e) Claims filed by survivors – updates carrier date marking
- 30.102(a) Claims for additional impairment/wage-loss – deletes obsolete term “Minimum”
- 30.103(b) Claim forms – updates URL
- 30.110(a)(1) Claims filed by survivors – updates reference
- 30.110(a)(4) Entitlement description – updates reference

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- 30.110(b) Entitlement description – updates reference
- 30.112(b)(3) Establishing covered employment – deletes term “self-serving”
- 30.115(a) Referral for dose reconstruction – deletes reference to 0% probability of causation and updates reference-delete HHS reg
- 30.115(a)(2) Referral for dose reconstruction – updates reference
- 30.115(b) Referral for dose reconstruction – updates references
- 30.210(a)(1) Eligibility criteria for radiogenic cancer – updates reference
- 30.213(a) Eligibility criteria for radiogenic cancer – updates reference
- 30.230(a) Eligibility criteria for covered illnesses – updates reference
- 30.230(d)(1) Eligibility criteria for covered illnesses – updates reference
- 30.231(a) Proof of exposure to toxic substances – clarifies proof of employment requirement
- 30.300 General statement about adjudication process – note availability of judicial review
- 30.301(b)(1) Subpoena requests – updates carrier date marking
- 30.305(a) General statement about recommended decisions – updates reference
- 30.306 General statement about recommended decisions – notes that they contain a discussion of findings of fact and conclusions of law
- 30.307 Recommended decisions in cases with multiple survivors – notes when they must be issued
- 30.310(a) Objecting to a recommended decision – updates reference
- 30.310(b) Objecting to a recommended decision – updates carrier date marking
- 30.313(c) Review of the written record – updates reference
- 30.314(a) Hearings before the Final Adjudication Branch – notes availability of electronic means to hold hearing
- 30.314(b) Hearings before the Final Adjudication Branch – time period within which to set hearing date/time
- 30.315(a) Postponing a hearing – consequences for failure of authorized representative to attend scheduled hearing
- 30.318 Objections to dose reconstructions for radiogenic cancer – notes new transparency and availability of NIOSH to address objections

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30.319(b) Reconsideration of final decisions – updates carrier date marking

30.320(b) Reopening of final decisions – notes that Director may reopen claim based on new evidence of medical condition

30.400(c) Rules for obtaining medical treatment – notes availability of authorization for durable medical equipment, home/vehicle modification, and that OWCP may contract for the provision of these benefits

30.400(d) Rules for obtaining medical treatment – clarification on reimbursement for medical expenses following employee's death.

30.410 (c) Directed medical examinations – notes claim may be administratively closed if employee refuses to attend second opinion examination

30.411(d) Directed medical examinations – notes that claim may be administratively closed if employee refuses to attend referee medical examination

30.500(a)(2) Survivor definitions – sets out programmatic guidance on definition of “child” under EEOICPA

30.500(c) Survivor definitions – sets out further guidance on definition of “covered child” based on litigation results

30.501(a) Order of precedence of survivors – updates reference

30.501(b) Order of precedence of survivors – updates reference

30.502 Determining survivor entitlement – updates reference

30.600(c)(2) Authorized representatives – notes that they are not permitted to sign Forms EE-1 or EE-2 for client

30.601 Authorized representatives – notes that they must comply with Program's “conflict of interest” standards

30.603(a) Authorized representatives – notes that as a result of court case, costs and expenses are not covered by the statutory fee limits

30.617(b)(2) Election of benefits – updates reference

30.618(c)(2) Election of benefits – updates reference

30.700 through 30.702 Provider billing processing – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.705 through 30.707 Provider billing processing – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

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30.709 and 30.710 Provider billing processing – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.711 through 30.713 Provider billing processing – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.715(i) and (j) Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme

30.716(c) Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme

30.717 through 30.721 Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.723(b) Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.724 Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.725 Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.726(c) Provider exclusion procedures – conforms regulations to existing FECA regulatory scheme and updates obsolete terms

30.800(c) Wage-loss benefits – updates reference

30.801(a) Wage-loss benefits – notes that benefit calculations are based on months

30.801(c) Wage-loss benefits – updates dollar figure

30.801(e) Wage-loss benefits – updates dollar figure

30.801(f) Wage-loss benefits – clarifies calculation method in statute to reflect litigation results

30.801(g) Wage-loss benefits – programmatic guidance on what “wages” mean for these purposes

30.805 Eligibility criteria for wage-loss benefits – clarifies elements of eligibility in statute to reflect litigation results

30.807 Factual evidence of wage-loss – current language simply moved to new location

30.810(a) Calculating average annual wage – notes that these calculations are based on months

30.810(b) Calculating average annual wage – updates reference

30.810(c) Calculating average annual wage – notes that these calculations are based on months

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30.810(d) Calculating average annual wage – clarifies calculation method

30.811(a) Statement of evidence used to calculate wage-loss benefits – updates references in regulatory text

30.902(a) Calculating impairment ratings – deletes obsolete term

30.902(b) Reduction of combined impairment awards – notes potential for reduction required by coordination or offset